

READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

Issue 15: 1 August 2017

Clinics, Rehabilitation Agencies and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services: Emergency Plan

The clinics, physical therapy and speech services must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address client population, including, but not limited to, the type of services the clinics, physical therapy and speech services have, the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the clinics, physical therapy and speech service's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Policies and Procedures

The clinics, physical therapy and speech services must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth above, risk assessment, and the communication plan. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following:

(Continued on page 2)



In This Issue

- Clinics, physical therapy and speech services Special Edition
- LeadingAge Kansas Compliance Workshop

Previous issues of the Ready Reader

available at <http://www.kdheks.gov/cphp/providers.htm>

Policies and Procedures cont.

1. A system to track the location of on-duty staff and sheltered clients in the clinics, physical therapy and speech service's care during and after an emergency. If on-duty staff and sheltered clients are relocated during the emergency, the clinics, physical therapy and speech services must document the specific name and location of the receiving facility or other location. (Not Required)
2. Safe evacuation from the clinics, physical therapy and speech services which includes consideration of care and treatment needs of evacuees; staff responsibilities; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.
3. A means to shelter in place for clients, staff, and volunteers who remain at the facility.
4. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
5. The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State or Federally designated health care professionals to address surge needs during and emergency.
6. The development of arrangements with other clinics, physical therapy and speech service's or other providers to receive clients in the event of limitations or cessation of operations to maintain the continuity of services to clinics, physical therapy and speech services clients.
7. The role of the clinics, physical therapy and speech services under a waiver declared by the US Secretary of Health and Human Services, in accordance with section 1135 of the Social Security Act, in the provision of care and treatment at an alternate care site identified by emergency management officials

Communication Plan

The clinics, physical therapy and speech services must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following:

1. Names and contact information for the following:
 - Staff
 - Entities providing services under arrangement
 - clients' physicians
 - Other clinics, physical therapy and speech services
 - Volunteers
2. Contact information for the following:
 - Federal, State, tribal, regional or local emergency preparedness staff
 - Other sources of assistance
3. Primary and alternate means for communicating with the following:
 - Clinics, physical therapy and speech service's staff
 - Federal, State, tribal, regional, or local emergency management agencies
4. A method for sharing information and medical documentation for clients under the clinics, physical therapy and speech service's care, as necessary, with other health care providers to maintain the continuity of care.
5. A means, in the event of an evacuation, to release client information as permitted under 45 CFR 164.510(b)(4).
6. A means of providing information about the general condition and location of clients under the facility's care as permitted under 45 CFR 164.510(b)(4).
7. A means of providing information about the clinics, physical therapy and speech service's needs, and its ability to provide assistance, to the authority having jurisdiction or the Incident Command Center, or designee.

Training and Testing

The clinics, physical therapy and speech services must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually.

Training and Testing Cont'd

1. Training program—The clinics, physical therapy and speech services must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The clinics, physical therapy and speech services must demonstrate staff knowledge of emergency procedures. Thereafter, the clinics, physical therapy and speech services must provide emergency preparedness training at least annually.
2. Testing. The clinics, physical therapy and speech services must conduct exercises to test the emergency plan at least annually. The clinics, physical therapy and speech services must:
 - A. Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the clinics, physical therapy and speech services experiences an actual natural or manmade emergency that required activation of the emergency plan, the clinics, physical therapy and speech services is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.
 - B. Conduct an additional exercise that may include, but is not limited to the following:
 - ◆ A second full-scale exercise that is community-based or individual, facility-based.
 - ◆ A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, direct messages, or prepared question.
 - ◆ Designed to challenge an emergency plan.
 - ◆ Analyze the clinics, physical therapy and speech service's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the clinics, physical therapy and speech service's emergency plan, as needed.

Integrated Healthcare Systems

If clinics, physical therapy and speech services are part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the clinics, physical therapy and speech services may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do all of the following:

- A. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.
- B. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.
- C. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.
- D. Include a unified and integrated emergency plan that meets the requirements above. The unified and integrated emergency plan must also be based on and include all of the following:
 - i. A documented community-based risk assessment, utilizing an all-hazards approach.
 - ii. A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach.
- E. Include integrated policies and procedures that meet the requirements set forth above, a coordinated communication plan and training and testing programs that meet the requirements above.

Training and Testing

The clinics, physical therapy and speech services must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth earlier, risk assessment, policies and procedures, and the communication plan. The training and testing program must be evaluated and updated at least annually. The clinics, physical therapy and speech services must participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based.

Emergency Plan

The clinics, physical therapy and speech services must develop and maintain an emergency preparedness plan that must be reviewed and updated at least annually. The plan must do all of the following:

1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
2. Include strategies for addressing emergency events identified by the risk assessment.
3. Address client population, including, but not limited to, the type of services the clinics, physical therapy and speech services has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.
4. Include a process for cooperation and collaboration with local, tribal, regional, State, and Federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the clinics, physical therapy and speech service's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Special Requirements for Clinics, Physical Therapy and Speech Services: Conditions of Participation

Emergency Plan

The clinics, physical therapy and speech services must develop with assistance from fire, safety experts. Address location, use of alarm systems and signals & methods of containing fire (existing requirements).

Policies and Procedures

Not required to track staff and patients.

Communication Plan

Does not need to provide occupancy information.

Save the Date:

Emergency Preparedness Compliance Workshop

August 10th, 2017

8am-3:30pm

Newton, KS

Contact: LeadingAge Kansas, (800) 264-5242

Program Overview

Segment 1: Emergency Preparedness Concepts and Compliance

Segment 2: Tabletop Exercise (TTX)

Contact Us

KDHE Health Facilities

P—785.296.0131

Jim.Perkins@ks.gov

KDHE Preparedness

P-785.296.7100

KDHE.Preparedness@ks.gov

Kansas Division of

Emergency Management

[Bryan.D.Murdie.nfq@](mailto:Bryan.D.Murdie.nfq@mail.mil)

[mail.mil](mailto:Bryan.D.Murdie.nfq@mail.mil)

Kansas Department on

Aging and Disability

Services

Denise.German@ks.gov

Office of the State Fire

Marshal

[Brenda.McNorton@ks.](mailto:Brenda.McNorton@ks.gov)

[gov](mailto:Brenda.McNorton@ks.gov)

Kansas Hospital

Association

P— 785.276.3125

rmarshall@kha-net.org

Kansas Home Care

Association

P— 785.478.3640

khca@kshomecare.org

Centers for Medicare &

Medicaid Services

[victoria.vachon@cms.](mailto:victoria.vachon@cms.hhs.gov)

[hhs.gov](mailto:victoria.vachon@cms.hhs.gov)

State ADA Coordinator

P— 785.296.1389

Anthony.Fadale@ks.gov

Kansas Health Care

Association

P— 785.267.6003